



2026 City of Kent Master Business License Application

Chapter 5.01 of the Kent City Code (KCC), As Amended

DATE:

Save Time and Apply Online at FileLocal-WA.gov

For Office Use Only:

App ID:

BUSINESS INFORMATION

WA State UBI Number (16 Digits): _____

Legal Entity Type:

- Individual/Sole Proprietorship Corporation
- Partnership Other _____
- LLC

First Activity Date in Kent: _____

Legal Business Name: _____

Trade/DBA Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business license will be sent to this email: _____ Phone: _____

Is your business recognized as a 501(c) entity pursuant to the requirements established by the Internal Revenue Service?

- Yes
- No

Is your business subject to City of Kent B&O Tax (Chapter 3.28 Kent City Code)?

- Yes
- No

Estimated Annual Gross Revenue/Income in Kent:

- Less than \$4,000 \$4,001 - \$200,000 \$2,001 - \$200,000 Over \$1,000,000

NAICS Code (6 Digits): _____

Description of Business Activity: _____

Select the option that best describes the primary nature of your business:

- Admin Printing and Publishing Transportation
- Extracting Retail Tour Operator
- Manufacturing Service Wholesale

Will your business be operating any of the following (check all that apply)?

- | | | |
|--|---|--|
| <input type="checkbox"/> Amusement Device | <input type="checkbox"/> Group Home | <input type="checkbox"/> Preparation, serving, and/or making available food or drink for consumption by the public |
| <input type="checkbox"/> Arcade License | <input type="checkbox"/> Hood, duct and/or rooftop cleaning | <input type="checkbox"/> Pressure washing and/or Surface cleaning |
| <input type="checkbox"/> Cabaret | <input type="checkbox"/> Hookah Lounge | <input type="checkbox"/> Short Term Rental |
| <input type="checkbox"/> Carnivals | <input type="checkbox"/> Manufacturing, processing and/or packaging food and/or drink | <input type="checkbox"/> Solicitor |
| <input type="checkbox"/> Carpet and/or floor cleaning | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Taxicabs or Vehicle for Hire Driver |
| <input type="checkbox"/> Circus & Sideshows | <input type="checkbox"/> Mobile auto repair and/or detailing | <input type="checkbox"/> None of these apply |
| <input type="checkbox"/> Communal Residence | <input type="checkbox"/> Mobile Business | |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Painting and/or drywall | |
| <input type="checkbox"/> Food Service | | |
| <input type="checkbox"/> Generation, collection, transport and/or disposal of wastewater | | |

Please select the types of officers applicable for your business:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> President | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Secretary | |

Contact information for at least one of these officers (if applicable):

Name: _____

Position: _____

Business Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Contact information for two emergency contacts:

Name: _____ Name: _____

Position: _____ Position: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Do you have 100 or more Full-Time employees?

- Yes
- No

If yes, provide contact information for your "Employer Transportation Coordinator" or similar position overseeing the organization's commute trip reduction program contact information (RCW 70A.15.4040(3)(a)).

Name: _____ Phone: _____

Position: _____ Email: _____

Is your business recognized as a 501(c)(3) pursuant to the requirements established by the Internal Revenue Service?

- Yes (If yes, please submit documentation verifying tax-exempt status, such as an IRS 501(c) Determination Letter.)
- No

Will your business engage in selling, giving away, distributing, dispensing, exchanging for anything of value, planting, growing, processing, packaging, storing, or any other act relating to marijuana as that term is defined in RCW 69.50.101?

- Yes
- No

Does your business generate, collect, transport and dispose of wastewater?

- Yes
- No

Does your business manufacture, process or package food or drink?

- Yes
- No

Does your business prepare, service or make available food or drink for consumption by the public?

- Yes
- No

Does your business require a specialty license?

- Yes
- No

Do You Share a Location with Another Business? (If yes, please email CustomerService@KentWA.gov) (in City only)

- Yes
- No

City of Kent Master Business License Application Supplementary Information

COMMERCIAL BUSINESSES THAT HAVE A PHYSICAL LOCATION WITHIN KENT

Does your business have more than one location within the City of Kent?

- Yes
- No

If yes, please list location(s): _____

Total # of Full-Time employees (32+ hours per week) (including working owners): _____

Total # of Part-Time employees (<32 hours per week) (including working owners): _____

Total number of employees (Use this number to determine license fee): _____

Internal Sq Footage: _____

RENTAL HOUSING AND MULTI DWELLING (HOTEL/MOTEL/LODGE/MOBILE HOME PARK)

Do you rent housing property?

- Yes
- No

What are the unit numbers you own/manage (Example A1 – 30, 301 – 350)?

If yes, what type of property do you own/manage?

- Apartment
- Duplex
- Triplex
- 4 plex
- Townhouse

Do you own or manage a hotel, motel, lodge or mobile home park?

- Yes
- No

How many buildings do you own/manage? _____

If yes, check all that apply:

- Hotel
- Motel
- Lodge
- Mobile Home Park

How many total units do you own/manage? _____

TAX REGISTRATION

By completing this application, you are also registering to file City of Kent business and occupation (B&O) tax returns. If your business activities are exempt from B&O tax, provide the reason or basis of this exemption (refer to KCC 3.28.090).

The City also levies a utility tax, admissions tax, and gambling tax upon certain business activities. For tax forms and additional information is available at KentWA.gov or by contacting the Tax Division at (253) 856-6266 or at CityTaxes@KentWA.gov.

MASTER BUSINESS LICENSE APPLICATION CERTIFICATION

I hereby certify that the statements and information furnished by me on this application, including supplementary information contained within this application, are true and complete to the best of my knowledge. I also acknowledge that the statements and information furnished by me on this application are public records and are available for public inspection pursuant to the State of Washington RCW 42.17.260. I understand that issuance of this license is conditional upon compliance at all times with all applicable ordinances, regulations and statutes of the City of Kent and the State of Washington. The issuance of this business license does not imply compliance with the Zoning, Uniform Fire and Building Codes.

Signature: _____ Print Name: _____

Position/Title: _____ Email: _____ Date: _____

FOR OFFICE USE ONLY: Date Paid: _____ Amount Paid: _____

FEE SCHEDULE 2026

1. General Business License (Excludes Non-Resident Businesses):

<u>Number of Employees</u>	<u>Full Year *</u>	<u>Opening on or After July 1*</u>
0 - 24	\$293.23	\$243.23
25 - 49	\$393.23	\$293.23
50 - 99	\$593.23	\$393.23
100 or more	\$793.23	\$493.23

**These fees include a \$192.23 Fire Safety Inspection fee for commercial businesses located within the City limits.*

Independent Contractor \$101.00 \$51.00

(Example: Someone leases a chair at a licensed salon or barber shop)

Non-Profit Non-Profit: Business license fee waived upon verification of Internal Revenue Service 501(c) tax-exempt status. Submit documentation verifying tax-exempt status, such as an IRS 501(c) Determination Letter.

Relocation in Kent License fee varies depending on location within Kent. (New application required)

2. Rental Housing Businesses (properties which contain two or more housing units):

<u>Number of Units</u>	<u>Full Year</u>	<u>Opening on or After July 1</u>
2 - 10	\$101.00	\$ 51.00
11 - 50	\$301.00	\$151.00
51 or more	\$601.00	\$301.00

Please add the \$13.00 per unit Rental Housing Inspection Program (RHIP) fee to your business license fee payment. If you have any questions please visit KentWA.gov/RentalHousingInspection or call 253-856-5454.

Total Number of Rental Units _____ x \$13.00 = _____

License Fee + RHIP Fee = Total Fee \$ _____

SPECIAL NOTICES

- Incomplete applications will not be processed
- All licenses expire on December 31
- Reminder notices sent prior to end of calendar year
- Business License will be sent to the business email address upon approval of the application
- City of Kent Customer Service can be reached at 253-856-5210 or CustomerService@Kent.WA.gov

Mail completed application along with check or money order payable to the City of Kent to:

City of Kent Finance Department
220 4th Ave S
Kent, WA 98032

Pay in person with cash, check or money order at our Customer Service counter Monday to Friday, 9 AM - 4 PM:

400 W Gowe St
Kent, WA 98032

If paying by credit card, apply online at FileLocal-WA.gov